

APPLICATION FOR FUEL LICENSE

Send application to:

Post Office Box 8902
 Wisconsin Department of Revenue
 Madison, WI 53708-8902
 (608) 261-6435
 TTY (608) 267-1049
 FAX (608) 267-1030

*(Failure to provide all information
 requested will delay the processing
 of your application)*

Department Use Only
Transporter #
Date
Approved By

SECTION 1 – All Applicants Must Complete Section 1

Please print or type information below

TYPE OF LICENSE - Check license(s) you are applying for: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Motor Vehicle Fuel Tax:</p> <p><input type="checkbox"/> Supplier (position holder at a pipeline terminal location)</p> <p>Restricted Supplier</p> <p><input type="checkbox"/> Import (from out-of-state bulk storage)</p> <p><input type="checkbox"/> Export (from Wis. bulk storage)</p> </div> <div style="width: 48%;"> <p>Other Fuel Types:</p> <p><input type="checkbox"/> Petroleum products shipper (required to remit the petroleum inspection fee but not needed if licensed as a motor vehicle fuel supplier)</p> <p><input type="checkbox"/> Alternate fuel dealer/user (for example: LPG, CNG)</p> <p><input type="checkbox"/> General aviation fuel dealer/user (for example: jet turbine fuel, AVGAS)</p> <p><input type="checkbox"/> Fuel transporter registration</p> </div> </div>			
1. True Name (corporation, limited liability company, partnership or individual)		Federal Employer ID No.	Telephone No. ()
2. Trade or Business Name		Social Security No. (required if sole proprietor)	Business Telephone ()
3. Business Address (street/route - do not use PO Box)	City or Post Office	State	Zip Code
4. Mailing Address (if different from business address)	City or Post Office	State	Zip Code
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>5. Business Located In: <input type="checkbox"/> City (check one and indicate county) <input type="checkbox"/> Village of: _____ <input type="checkbox"/> Town</p> </div> <div style="width: 35%; text-align: center;"> <p>In the Wisconsin county of:</p> <p>_____</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>6. Organization (check one)</p> <p>1 <input type="checkbox"/> Sole Proprietor</p> <p>2 <input type="checkbox"/> Partnership</p> <p>3 <input type="checkbox"/> Wisconsin Corporation (Date incorporated _____)</p> <p>4 <input type="checkbox"/> Out-of-state Corporation (Licensed in Wis? <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p>5a <input type="checkbox"/> Other (Describe _____)</p> </div> <div style="width: 48%;"> <p>5b <input type="checkbox"/> Governmental Unit (check appropriate box below)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Federal <input type="checkbox"/> Wisconsin State Agency </div> <div> <input type="checkbox"/> County <input type="checkbox"/> Local </div> </div> <p>6 <input type="checkbox"/> Limited Liability Company – Enter date registered with the Department of Financial Institutions: _____</p> <p>For federal income tax purposes, will the LLC be taxed as a:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Single member LLC disregarded as a separate entity </div> </div> </div>			
7. Provide the following information for sole proprietor, all general partners if partnership, all members of a limited liability company, or principal officers of a corporation.			
Name			
Social Security			
Home Address			
City, State & Zip Code			
Title			

SECTION 2 – All Applicants Except Transporters Must Complete Section 2.**Transporters must complete Sections 3 & 4 below.**

8. Locations(s) to be licensed (attach schedule if you have more locations)		
Street or Highway	City	State/Zip Code
9. Indicate: Estimated Total Monthly Fuel Tax and Petroleum Inspection Fee Liability \$ _____ Date You Wish to Begin Operations: _____		
10. Where Do You Maintain Your Business Checking Account(s)? Name of Bank Address City, State, Zip Code Account Number(s)	Bank #1	Bank #2

SECTION 3 – Only Transporter Applicants Should Complete Section 3

11. Indicate type of carrier (check one): <input type="checkbox"/> Contract <input type="checkbox"/> Common <input type="checkbox"/> Private
12. Will you be transporting motor vehicle fuel, alternate fuel or general aviation fuel across state lines? <input type="checkbox"/> Yes <input type="checkbox"/> No If you check "no" but at some point in the future you begin transporting fuel across state lines, call us because you may have different requirements for reporting your fuel shipments to the department.
13. Indicate the date your fuel transporting operations will begin: _____

SECTION 4 – All Applicants Must Complete Section 4

14. SIGNATURE OF APPLICANTS. I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct and complete.	
_____ President of Corporation/Member/Partner/Individual	_____ Secretary of Corporation/Member/Partner
Date _____	
Note: If a corporation, the application should be signed by the president and secretary; if a partnership or a limited liability company, by at least two of the partners/members.	

Separate instructions (MF-200) are provided for this application. If you misplace your instructions, call us at (608) 261-6435 for a replacement. Our FAX # is (608) 267-1030.

KEEP A COPY OF THIS APPLICATION IN YOUR RECORDS